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Application or Docket Number

10/046800

PATENT APPLICATION FEE DETERMINATION RECORD				Application or Docket Number			
CLAIMS AS FILED - PART I				OTHER THAN SMALL ENTITY			
(Column 1)		(Column 2)		SMALL ENTITY		OR SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	Fee	RATE	Fee
BASIC FEE (37 CFR 1.16(e))					\$ 370		
TOTAL CLAIMS (37 CFR 1.16(e))	54	minus 20 =	34	x \$ 9 =	306	OR x \$ ___ =	\$ ___
INDEPENDENT CLAIMS (37 CFR 1.16(e))	1	minus 3 =	0	x 42 =	0	OR x ___ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(e))				+ 0 =	0	OR + ___ =	
				TOTAL	676	OR TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II				OTHER THAN SMALL ENTITY			
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(e))	54	Minus	** 54	x \$ ___ =		OR x \$ ___ =	
Independent (37 CFR 1.16(e))	1	Minus	*** 3	x ___ =		OR x ___ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))				+ ___ =		OR + ___ =	
10-4-04 (Column 1)				TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(e))	54	Minus	** 54	x \$ ___ =		OR x \$ 18 =	36
Independent (37 CFR 1.16(e))	3	Minus	*** 3	x ___ =		OR x ___ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))				+ ___ =		OR + ___ =	
TOTAL ADDIT. FEE				TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(e))		Minus	**	x \$ ___ =		OR x \$ ___ =	
Independent (37 CFR 1.16(e))		Minus	***	x ___ =		OR x ___ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))				+ ___ =		OR + ___ =	
				TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	
<ul style="list-style-type: none"> * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>							

Burden Hour Statement: This form is estimated to take 0.3 hours to complete. Time will vary depending upon the needs of the individual case.
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark
 Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for
 Patents, Washington, DC 20231.